State of Tennessee Department of Environment and Conservation Division of Air Pollution Control William R. Snodgrass Tennessee Tower 312 Rosa L. Parks Avenue, 15th Floor Nashville, TN 37243 Telephone: (615) 532-0554



NON-TITLE V PERMIT APPLICATION FACILITY IDENTIFICATION

94-0355-01 968454 Lee \$ 250°0

Please type or print and submit in duplicate for each emission sor SITE INFORMAT 1. Organization's legal name Murphy Oil USA, Inc. 2. Site name (if different from legal name) Murphy Express #8700 3. Site address (St./Rd./Hwy.) 3028 Bellshire Village Drive City or distance to nearest town Zip code	44 (A - 12 for 12) A 5 (12 for 12 fo
1. Organization's legal name Murphy Oil USA, Inc. 2. Site name (if different from legal name) Murphy Express #8700 3. Site address (St./Rd./Hwy.) 3028 Bellshire Village Drive	APC Company point no
Murphy Oil USA, Inc. 2. Site name (if different from legal name) Murphy Express #8700 3. Site address (St./Rd./Hwy.) 3028 Bellshire Village Drive	For APC Company point no. APC use APC Log Permit no. OLG 401
Murphy Express #8700 3. Site address (St./Rd./Hwy.) 3028 Bellshire Village Drive	use only Oleg Gold
3028 Bellshire Village Drive	
	County name
City or distance to nearest town Zip code	Sevier
Spring Hill 37174	4. NAICS or SIC code 447110
5. Site location Latitude (in lat. /long.) Latitude 35.7708	Longitude -86-9181
CONTACT INFORMATION (RES	PONSIBLE PERSON)
6. Responsible person/Authorized contact	Phone number with area code
Harry Lewis	870-875-7520
Mailing address (St./Rd./Hwy.)	Fax number with area code
200 Peach St.	866-933-1563
City State Zip coo	24 N. J. (2007) 18 (2007)
El Dorado AR 71730	harry.lewis@murphyusa.com
CONTACT INFORMATION	(TECHNICAL)
7. Principal technical contact	Phone number with area code
Brad Weinischke	870-875-7610
Mailing address (St./Rd./Hwy.) 200 Peach St.	Fax number with area code 866-933-1563
City State Zip coc	Email address
El Dorado AR 71730	brad.weinischke@murphyusa.com
CONTACT INFORMATIO	N (BILLING)
8. Billing contact Anna Jones	Phone number with area code 870-881-6854
Mailing address (St./Rd./Hwy.) 200 Peach St.	Fax number with area code 866-933-1563
City State Zip coor El Dorado AR 71730	Email address anna.jones@murphyusa.com
EMISSION SOURCE IN	ORMATION
9. Emission source no. (number which uniquely identifies this source) 94-03551	
10. Brief description of emission source	
Gas Dispensing Facility Non-ISBMG State I Vapor Recover System	
Pollution Reduction Device Code 047	
11. Normal operation: Hours/Day Days/Week	Weeks/Year Days/Year
24 7	52 365
12. Percent annual Dec Feb. March - May	June - August Sept Nov.
throughput 25% 25%	25% 25%

			MIT REQUESTED						
13. Operating permit	Date construction st	244504264	e completed	Last permit no.	Emission source reference number				
(X)	7/15/2013	5/2013 12/30/2013			94-03551				
Construction permit	Last permit no.			Emission source reference number					
()	()								
If you choose Construction	permit, then choose either ?	New Construction, I	Modification, or Location t	ransfer					
	New Construction Starting date				Completion date				
()			7/15/2013	12/	30/2013				
Modification () Location transf		Date	e modification started or w		ed or will complete				
			c 1.	411 61					
		Trai	nsfer date	Address of las	t location				
	()								
14. Describe changes that have	e been made to this equip	ment or operation	since the last construction	or operating permit ap	plication:				
None									
	THE RESERVE OF THE PARTY OF THE	2000 THE RESERVE OF THE PARTY O		Part of the State					
		The second secon	NATURE	RESTRUCTION OF					
Based upon information and									
information contained in this Section 39-16-702(a)(4), this				the best of my knowle	eage. As specified in TCA				
15. Signature (application must			uiy. 	Date					
13. Signature application mu	St de signed before it will be	processed							
.00					May 13,2014				
Signer's name (type of pri	nt)	Title	YOOR	Phone number with are	ea code				
Harry Lewis		Sr Director, I	133E	870-875-7520					
If the system has several pieces of If none of the below codes fit, use									
No Equipment					041				
Activated Carbon Adsorption Afterburner – Direct Flame					042				
Afterburner - Direct Flame with H					014				
Afterburner - Catalytic					015				
Afterburner - Catalytic with Heat Exchanger					046				
Alkalized Alumina Catalytic Oxidation – Flue Gas De				Process Gas Recovery					
Cyclone – High Efficiency				004					
Cyclone - Medium Efficiency	008	Settling Chamber - 1	Settling Chamber - Medium Efficiency						
Cyclone - Low Efficiency		009			006				
Dust Suppression by Chemical Sta				Spray Tower (Gaseous Control Only)					
Electrostatic Precipitator – High Efficiency				043					
Electrostatic Precipitator - Low Efficiency				045					
abric Filter - High Temperature				em (Including Condense					
Fabric Filter - Medium Temperatu				047					
Fabric Filter - Low Temperature Fabric Filter - Metal Screens (Cott				053					
Flaring				002					
Gas Adsorption Column Packed		050		Efficiency					
Gas Adsorption Column - Tray Ty									
Gas Scrubber (General: Not Classi	11ea)	013							
	-		Estimation Method Codes						
Not application / Emissions are kn									
Emissions based on source testing Emissions based on material balan									
Emissions calculated using emission									
Judgment					4				
Emissions calculated using a speci									
Other (Specify in comments) CN-0730 (Rev. 5-13)									
					KDA-1-				

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NON-TITLE V PERMIT APPLICATION GASOLINE DISPENSING FACILITY DESCRIPTION

	Pl	ease type or prin		duplicate. Attac			Facility Identificanultiple owned.	tion Form (A	PC 100)			
			GENERA	AL IDENTIFI	CATION A	AND D	ESCRIPTION					
Organization name Murphy Oil USA, Inc. (Murphy Express #8700)						For APC	APC Compar	APC Company - Point no.				
2. Emission source no. (As on Non-Title V Facility Identification Form) 94-0355-1						use	APC Log/Per	APC Log/Permit no				
3 1 0333 1		INDEPE	NDENT SM	ALL BUSINE	SS MARK	ETER	OF GASOLIN	E (LS.B.M	0			
3. Claiming	g Independent S	mall Business Mi		Park and Hardings and	over a passa in the same	all arministration		Yes	<u>_</u>	Ne	×]	
If yes, su		Certification stat	ing that busine	ss satisfies the 1.	S.B.M. defin	ition cri	teria found in 120	0-03-18- 24(2) and pro	ovide the	following	
		from refining or r	narketing of ga	soline:			T					
Owner's	total annual inc	ome.					1					
			GASOLIN	E TANK AN	D DISPEN	SER I	NFORMATION	N				
	type, capacity, an 10 tanks to li		(Aboveground	or Underground	Circle one),	and ins	tallation date for e	each tank at f	acility A	ttach add	itional sheet if	
Tank#	Gas type	Capacity (Gal.)	Tank Type	Installation date	Tank#		Gas type	Capacity (Gal.)		nk pe	Installation date	
1.	RUL	20K	AG/129		6.				A	9/119		
2.	DSL	12K	AG/15		7.				A	G/11G		
3.	PREM	8K	AG/129		8.				14	9 HG		
4.			AG/UG		9.				A	G/PG		
5.			AG/UG		10.				_	लेकि		
5. Total number of gasoline nozzles: 16 Gas, 4 I				sl Mak	re:	Encore	Mo	de1	DS361	7		
Gasoline dispense make. MPD				MPD	Model: Series S							
12,772			STA	GE I AND II	SYSTEM I	DESCE	RIPTIONS					
7. Stage I system CARB executive order G-70-97-			G-70-97-A	Installation date:		9/1/2013		/2013				
Stage II system CARB executive order: N/A				Installation date:								
Check general type of Stage II system: Balance: Vacuum vapor assist:												
9. Minimum slope of Stage II vapor return lines from dispensers to tank (inches per foot)								NA				
10. Type of pressure/vacuum vent valve (if installed) make:						Model						
THROUGHPUT AND SUPPLIER						LIER						
11. Maximum monthly throughput (Gal.) 400,000				Average yearly throughput (Gal): 4, 800, 000						800,000		
12. Supplie	er of gasoline (c	ompany name)			Supplier o	i gasoli	ne (contact name	e)				
Mailing address (St./Rd./Hwy.)				Mailing address (St./Rd./Hwy)								
City		State		Zip code	City			Sta			Zip code	
Phone number				Phone number								